

Name of Person Filing

RICHARD A. DIFFLEY

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name BANQUET UNION EMPLOYEES PENSION PLAN

Trade Name if any

P O Box Bldg Room No if any SUITE 170

Street 4260 SHORELINE DR

City EARTH CITY, MO

State MISSOURI ZIP Code + 4 63045

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9.c. is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

SINGLE EMPLOYEE PENSION PLAN
THAT PROVIDES BENEFITS TO SOME
LOCAL G88 MEMBERS

11 b Approximate dollar value of such dealing

UNKNOWN

12 a Nature of interest held or income received

UNION TRUSTEE
ATTENDING EDUCATIONAL SEMINAR
+ TRUST MEETING (AIRFARE, MEALS
AND HOTEL EXPENSES,
INTERNATIONAL FOUNDATION OF LABORER BENEFIT
PLANS 11-30-04 THRU 12-4-04 NEW ORLEANS
TRUST ME 8-24 + 8-25-04 OMAHA, NEBRASKA

12 b Amount

1685.81

C Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.

Name of Person Filing <u>RICHARD A. DIFFLEY</u>	File Number U
---	---------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name <u>TEAMSTERS NEGOTIATED PENSION PLAN</u></p> <p>Trade Name if any <input type="text"/></p> <p>P O Box Bldg Room No if any <input type="text"/></p> <p>Street <u>300 S. GRAND BLVD</u></p> <p>City <u>ST LOUIS</u></p> <p>State <u>MISSOURI</u> ZIP Code + 4 <u>63103</u></p> <p>10 If 8 b or 9 c is checked give trust or employer's name</p> <p>Name <input type="text"/></p> <p>Trade Name if any <input type="text"/></p> <p>P O Box, Bldg Room No if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p> <p>11 a Nature of such dealing</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"><u>MULTI-EMPLOYER PENSION PLAN THAT PROVIDES BENEFITS TO SOME LOCAL GSC MEMBERS,</u></div> <p>11 b Approximate dollar value of such dealing <u>UNKNOWN</u></p> <p>12 a Nature of interest held or income received</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"><u>UNION TRUSTEE ATTENDING EDUCATIONAL SEMINAR MARCH 12 TRAVEL MARCH 15, AIRFARE, MEALS AND HOTEL EXPENSES</u></div> <p>12 b Amount <u>1354.97</u></p>
---	---

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name <input type="text"/></p> <p>Trade Name if any <input type="text"/></p> <p>P O Box Bldg Room No if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p> <p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 a Nature of payment</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> <p>14 b Amount of payment. <input style="width: 100px;" type="text"/></p>

Name of Person Filing

RICHARD A. PUFFLEY

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name AMERICAN INCOME LIFE INS. CO.Trade Name if any P O Box Bldg Room No if any P.O. BOX 2608Street City WACOState TEXAS ZIP Code + 4 76797

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Trade Name if any P O Box, Bldg Room No if any Street City State ZIP Code + 4

11 a Nature of such dealing

INSURANCE COMPANY MARKETS TO UNION MEMBERS AND THEIR FAMILIES BY HAVING INFORMATION ABOUT NO-COST AND OTHER AVAILABLE COVERAGE MAILED BY THE UNION TO ITS MEMBERSHIP. THE INSURANCE COMPANY HAS NO DIRECT CONTACT WITH UNION MEMBERS.

11 b Approximate dollar value of such dealing

UNKNOWN

12 a Nature of interest held or income received

NO-COST ACCIDENTAL DEATH INSURANCE POLICY (DEATH BENEFIT: \$2000.00) AS IS MADE AVAILABLE TO ALL MEMBERS OF TRANSVERS LOCAL 688.

12 b Amount

UNKNOWN

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

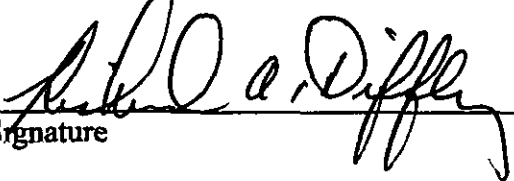
Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4

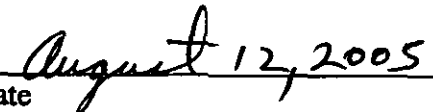
14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and one or more items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will promptly file an amended Form LM-30.


Signature


Date